



STATE OF SOUTH CAROLINA DEPARTMENT OF CONSUMER AFFAIRS

MORTGAGE BROKER LICENSE RENEWAL APPLICATION EZ

(Abbreviated Form for use see instructions)

S.C. Code Ann. § 40-58-10 through -110 (Supp. 2004)

www.sccconsumer.gov

803-734-4236/800-922-1594

Mailing Address

P.O. Box 5757
Columbia, SC 29250-5757

Street Address

3600 Forest Drive, 3rd Floor
Columbia, SC 29204-4406

See Renewal Instructions to complete this form. Please Type or Print Legibly

DO NOT FAX THIS FORM

Full Company Name: _____

Federal Tax ID No. _____

(If you are a sole proprietor and have no employees disregard)

d/b/a _____

File by September 30

Mailing Address: _____

Street Address, City, State and Zip

Physical Address: _____

Street Address, City, State and Zip

Note: If the company is not renewing its mortgage broker license, please notify the Department in writing by September 30

Telephone: _____ Fax: _____

E-Mail Address: _____

1. _____ Total number of South Carolina physical locations, this includes all branches and satellites. An additional \$150 renewal fee is required for each South Carolina branch location.
2. Total Fees \$ _____ = \$550 (Renewal Fee) + (Number of satellite and branch locations _____ x \$150) + late fees, if applicable, \$250 if application filed after September 30 and \$100 if continuing education is not completed by September 30.
3. I certify evidence of financial responsibility (Check One) (bond ☐ letter of credit ☐) is in effect as of the date of my signature on this application.
4. List the name, title, and office telephone number of the contact person for the business: _____
5. Continuing Professional Education (CPE) – Include a Certificate of Completion for each person who is **required** to earn CPE hours for the broker business (See S.C. Code Ann. § 40-58-67.)
6. I swear or affirm and certify that I have completed and/or reviewed all information in this application and that all information contained herein and in all addending or supplemental forms is true, current and accurate. I further certify that giving false information in this application or any addending or supplemental forms constitutes cause for denial or revocation of my application or license and subjects me to criminal prosecution for perjury. **I acknowledge that I have a duty and agree to update and correct this information as it changes.**

SWORN TO AND SUBSCRIBED before me

this _____ day of _____, 20____

Signature of person completing form

Notary Public For _____

My Commission Expires: _____

Print Name, Business Relationship or Title